

TofA

NAME (Last) _____ (First) _____ (Middle) _____ (Last) (First) (Middle)	
RESIDENCE DATA ADDRESS OF RESIDENCE WHEN APPOINTED _____ ADDRESS OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) _____ IS THIS CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ANNULLED <input type="checkbox"/>	
IF MARRIED, INDICATE PLACE OF MARRIAGE _____	DATE OF MARRIAGE _____
IF DIVORCED, PLACE OF DIVORCE DECREE _____	DATE OF DECREE _____
IF WIDOWED, INDICATE PLACE SPOUSE DIED _____	DATE SPOUSE DIED _____
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S) _____	
3. MEMBERS OF FAMILY	
NAME OF SPOUSE _____	ADDRESS (No., Street, City, Zone, State) _____ TELEPHONE NUMBER _____
NAME(S) OF CHILDREN _____	ADDRESS _____ SEX _____ AGE _____
NAME OF FATHER (Or male guardian) _____	ADDRESS _____ TELEPHONE NUMBER _____
NAME OF MOTHER (Or female guardian) _____	ADDRESS _____ TELEPHONE NUMBER _____
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES? _____	
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
NAME (Mr., Mrs., Miss) (Last-First-Middle) _____	RELATIONSHIP _____
HOME ADDRESS (No., Street, City, Zone, State) _____	HOME TELEPHONE NUMBER _____
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE _____	BUSINESS TELEPHONE & EXTENSION _____
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 7 ON THE REVERSE SIDE OF THIS FORM.	
5. VOLUNTARY ENTRIES INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS _____	
CONTINUED ON REVERSE SIDE <b>CURRENT RESIDENCE AND DEPENDENCY REPORT</b>	

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(CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☐ YES ☐ NO. IF "YES", WHERE IS DOCUMENT LOCATED?

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☐ NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

SIGNATURE

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